

BOROUGH OF DARWEN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1947.

JANE O. MILLAR

M.D., D.P.H., D.Obst.R.C.O.G.



*With the Compliments
of the
Medical Officer of Health*

*Public Health Dept.
Darwen.*



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BOROUGH OF DARWEN

REPORT

ON THE

Health and Sanitary
Administration
OF THE BOROUGH
FOR THE YEAR 1947.

By JANE O. MILLAR, M.D., D.P.H., D.Obst.R.C.O.G.,

Medical Officer of Health.

Members of the Public Health Committee.

1947-48.

*MR. COUNCILLOR EDWIN YATES, JR., LL.B., J.P., MAYOR.

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*COUNCILLOR LADY HINDLE, J.P.

Vice-Chairman :

*COUNCILLOR T. TAYLOR.

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*Coun. T. WINTERBOTTOM, C.C.	

CHARLES COUTTS BYERS, TOWN CLERK.

* Members of the Public Health Sub-Committee.

Staff of the Public Health Department.

WHOLE-TIME OFFICERS:

Medical Officer of Health	JANE O. MILLAR, M.D., D.P.H.,
Medical Officer of Infectious Diseases Hospital	D.OBST.R.C.O.G. (From 6/1/47.)
Divisional School Medical Officer	
Senior Sanitary Inspector	EDMUND P. McGLYNN, C.S.I.B., Cert.
Inspector of Meat and Other Foods	Insp. Meat and Other Foods, Smoke
Director of Public Cleansing	Insp. (Cert.), M.S.I.A., M.R.San.I.
	C. R. PALING, C.S.I.B., Cert. Insp. Meat
	and Other Foods, Smoke Insp. (Cert.),
	M.R.San.I., M.S.I.A. (Commenced
	1/6/47.)
District Sanitary Inspectors	H. RAMSBOTTOM, C.S.I.B., A.R.San.I.,
	M.S.I.A. (Commenced 9/6/47.)
	J. BAMFORD, C.S.I.B., A.R.San.I. (Com-
	menced 1/3/48.)
Matron, Infectious Diseases Hospital	Miss M. STEWART, S.R.N., S.R.F.N.
Senior Health Visitor	Miss G. WADDICOR, S.R.N., S.C.M.,
Non-medical Supervisor of Midwives	S.R.F.N., H.V. Cert.
	Miss M. A. MOORE, S.R.N., S.C.M.,
	H.V. Cert.
Health Visitors and School Nurses	Miss M. PARKINGTON, S.R.N., S.C.M.,
	H.V. Cert.
	Miss A. M. BARNETT, S.R.N., S.C.M.
	H.V. Cert. (Commenced 14/4/47).
Municipal Midwife	Mrs. F. B. ATKINSON, S.R.N., S.C.M.
Old People's Welfare Officer and Organiser of Home and Domestic Helps	Miss M. B. DUCKWORTH. (Commenced
	1/12/47.)
Chief Clerk	W. ATKINSON, D.P.A., C.S.I.B.,
	A.R.San.I.
	N. RILEY.
Clerical Staff	P. WYATT. (Absent in H.M. Forces).
	Mrs. M. BURY.
	Miss K. E. HARRIS.
	Miss E. BARON.

PART-TIME OFFICERS:

Consultant Obstetricians	S. W. LIGGETT, M.B., Ch.B., F.R.C.S.
	(Edin.), M.R.C.O.G.
	E. GLEDHILL, M.D., F.R.C.S. (Edin.),
	M.R.C.O.G.
Orthopædic Surgeon	S. M. MILNER, M.A., M.B., F.R.C.S.
Ophthalmic Surgeon	J. M. WISHART, M.B., F.R.C.S. (Edin.)
Dental Surgeon	R. V. CLARKE, L.R.C.S., L.R.C.P., L.D.S.
Dental Anæsthetist	M. SELLARS, M.B., Ch.B.
Cardiologist	A. L. McADAM, M.D.
Orthopædic Nurse	Miss B. HUXTABLE, C.S.P., Orth. N. Cert.

Clinics and Treatment Centres

Name of Clinic or Centre.	Situation.	Day and Time.	By whom provided.
Child Welfare.	Civic Health Centre.	Monday, 2 p.m. Thursday, 2 p.m.	Darwen Corporation.
Child Welfare.	Greenfield Institute.	Tuesday 2 p.m.	Darwen Corporation.
Ante-Natal.	Civic Health Centre.	Tuesday and Thursday, 9-30 a.m. Wednesday, 2 p.m. Alternate Tuesdays, 2 p.m. (Specialist).	Darwen Corporation.
Maternity and Child Welfare Dental.	Civic Health Centre.	Alternate Fridays, 2 p.m. and Tuesdays by appointment.	Darwen Corporation.
Diphtheria Immunisation.	Civic Health Centre.	Monday, 3-30 p.m.	Darwen Corporation.
Ultra-Violet Light.	Civic Health Centre.	Monday, 10 a.m. Friday, 2 p.m. Or by appointment.	Darwen Corporation.
School Dental.	Civic Health Centre.	Monday to Friday by appointment.	Lancashire County Council.
School Clinics.	Civic Health Centre.	Minor Ailments. Monday to Friday, 9 a.m. and 4 p.m. Saturday, 9 a.m. Tuesday and Friday, 2 p.m.	Lancashire County Council.
Ophthalmic.	Civic Health Centre.	Wednesday, 2 p.m.	Lancashire County Council.
Orthopædic.	Civic Health Centre.	Wednesday, 10 a.m.	Lancashire County Council.
Cardiac Clinic for Expectant and Nursing Mothers.	Health Department, Victoria Street, Blackburn.	Alternate Tuesdays by appointment.	Blackburn Corporation.
Cardiac Clinic for Schoolchildren.	Tullyallan Open Air School, Darwen.	By appointment.	Lancashire County Council.
Tuberculosis Dispensary.	20, Railway Road.	Monday, 10 a.m.	Lancashire County Council.
Venereal Diseases	Royal Infirmary, Blackburn.	Males—Tuesdays, 5 p.m. Friday, 7-30 p.m. Females—Monday, 5-30 p.m. Thursday, 5-30 p.m.	Lancashire County Council.



CIVIC HEALTH CENTRE,
DARWEN.

August, 1948

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH COMMITTEE.

LADIES AND GENTLEMEN,

I have pleasure in presenting to you the Annual Report of the Public Health Department for 1947. This is the last time that the Report will be presented in its present form, as many of the services now administered by the Borough, will be transferred to the Lancashire County Council on July 5th, 1948, under the National Health Service Act, 1946. Many authorities who have painstakingly built up their services by their interest and acumen view with regret this transfer to a higher and more remote Authority, and Darwen no doubt shares in this regret to a certain extent. At the same time, we have already learned from the experience of the working of the Education Act, 1944, that in handing over to the Lancashire County Council, we are handing over to a courteous, wise and financially sound Authority, who will administer its new duties with enterprise, tact and real understanding of local needs. The transfer will, in the end, be for the greatest good of the greatest number. We trust that the County Council will find the transferred services in a satisfactory state; so far as the Maternity and Child Welfare Services are concerned, we need have little fear of adverse criticism. With regard to a certain other service to be transferred, namely the Ambulance Service, the provisions made left much to be desired both with regard to its adequacy and efficiency, and we may look forward with certainty to considerable improvement under County administration.

Vital Statistics. The birth rate has increased from 16.5 to 19.0 per thousand. Increases in the birth rate have been pretty generally recorded throughout the country for 1947. The death rate has shown a decrease from 16.6 to 16.0 per thousand. It is not expected that in Darwen, at least, the recent unusually high birth rate will be maintained over many years.

Infant mortality this year showed an increase over 1946 (the lowest ever recorded in Darwen) from 34 to 39 per 1,000 live births—somewhat disappointing in view of the low rate for 1946, but yet well below the average rate for the past ten years. The vigilance of the Maternity and Child Welfare Department must never be relaxed in its effort to keep the infantile mortality rate down to the lowest possible figure.

Housing. No great improvement in the bad housing position occurred during the year. Fifty temporary houses had been completed and occupied by the end of the year—no permanent houses were completed. The position is slightly better with regard

to the repair of existing houses. Mr. McGlynn has had two District Sanitary Inspectors since June, 1947, and the lengthy arrears of housing inspection are at last beginning to be overtaken. The difficulties of obtaining labour and material to do essential repairs continue.

Bull Hill Hospital. The Hospital struggled on with increasing difficulty during the year. The nursing staff position was at all times very bad—in June, so bad that the hospital had to be closed temporarily. In January, 1948, the Special Health Sub-Committee appointed for the emergency arising at the Hospital, decided that under such difficult conditions the Hospital could no longer carry on, and it was decided that the Hospital should close permanently. Accordingly, on January 27th, 1948, the last patient was discharged, thus bringing to an end a long chapter of useful service to the community covering a period of over 57 years.

However, Darwen is not without hope for the future of its hospital. Plans for the conversion of the existing buildings into a 24-bedded Maternity Hospital have been approved, and even though the Regional Hospital Board, to which body the Hospital was automatically transferred on July 5th, has taken over before completion of the conversion, the townspeople will have a profound interest in the hospital. The need for a maternity hospital continues to be great as confinement at home is often attended with discomfort and difficulty in the present housing shortage, to which must be added the difficulty of obtaining help at the time of the confinement. The institution of the Home and Domestic Helps Service has, however, done something to ease this position.

General Health. 1947 was a peculiar year in certain respects. The months of January, February and March provided the longest and hardest spell of frost and snow within living memory. Coal was scarce and consumption of electricity and gas was restricted. Few houses escaped the attendant discomforts of frozen and burst drains and water pipes. Transport, by road and rail, was difficult and dangerous. In spite of all that, there was no serious widespread effect on the health of the people. The long, cold winter was followed by an equally extraordinary summer. A long period of warm, dry, sunny weather in July, August and September no doubt was beneficial to the health of many people, but this too brought troubles to the Public Utility Services. The water supply in the Reservoirs became unusually low and great economy in the use of water was necessary towards the end of the drought. The Cleansing Department, which, in the early part of the year was unpopular because it had found it impossible, owing to work on snow clearing on the roads, to do the work of refuse collection at the usual frequent intervals, was now equally pressed on account of the large accumulations of refuse, frequently ill-smelling, which arose because of the warm weather and absence of fires in people's homes, due to the wish of the average householder to save coal for the ensuing winter. The return of normal meteorological conditions brought an end to this trouble.

With regard to the incidence of specific diseases, three matters are worthy of note:—

1. Acute Poliomyelitis (Infantile Paralysis). The largest outbreak of infantile paralysis ever known in this country occurred in the latter half of the year with the peak of the incidence in September, and the Administrative County of Lancaster was one of the most seriously affected areas. Darwen escaped fairly lightly. Five known cases, three in children under five, and two in schoolchildren, were recorded. Two children developed paralysis, the others recovered without unfortunate sequelæ. There were no deaths. Three cases only were notified, the other two cases were discovered and diagnosed during the late paralytic stage.

2. Jaundice. A curious outbreak of jaundice occurred at the end of 1946 and continued into 1947. With the exception of two fatal cases of infective hepatitis in adults, all the

cases of jaundice were in some way associated with one school, where eight children and one adult were affected. No satisfactory explanation for this occurrence was found. Most of the cases were very mild. Milk and food could not be incriminated as others receiving from the same supply were not affected. It was within the bounds of possibility that rats could have gained access to the school's water supply, but this was extremely unlikely.

3. Tuberculosis. A sharp increase in non-pulmonary tuberculosis in children under sixteen occurred; 18 cases were notified, as compared with an average of three for the decennium 1937-46. The resources of the County Tuberculosis Department are fully equal to dealing with this increase, and co-operation with the Tuberculosis Service is close and cordial. No administrative difficulties have been encountered. The question of tuberculosis in 1947 was the subject of a special report to the Health Committee presented in January, 1948.

Welfare of the Aged. The changing age distribution of the population generally, and of the Darwen population in particular, has engaged the attention of the Health Committee during the year. At the beginning of this century, when the population of the Borough was about 40,000 it is estimated that about 2,000 or 5 per cent. were persons aged 60 years or more. In 1920 the figures for a population of 39,000 were about 3,500, or 9 per cent. respectively. In 1947, with an estimated population of 30,250 about 6,000 or 20 per cent. were persons aged 60 years or over. Numerically alone, these people present something of a problem, but complicating that are certain features of present-day life which did not operate at the beginning of the century. Nowadays, many more women go out to work and have consequently neither the time nor the energy to devote to caring for aged relatives and friends. Many of the older people are consequently thrown upon their own resources, financially or otherwise and this creates what is often a very difficult situation. Rationing, queueing, crowded transport, form-filling and restrictions generally sometimes prove a well-nigh intolerable burden, even to the hale and healthy old folks, and this, coupled with the fact that a pension of 26/- in 1947 has a purchasing power less than that of 10/- before the War, makes life indeed difficult. To help older people with these difficulties the Health Committee appointed in November, 1947, a Welfare Worker for the aged, who combines this appointment with that of Supervisor of Home and Domestic Helps.

Home and Domestic Helps Service. A Home and Domestic Helps scheme was also initiated during the year to provide assistance for householders in case of illness or infirmity. For the same reasons as those outlined in the section dealing with the welfare of the aged, such a scheme has become an urgent necessity. Priority is given to confinements in the home, and apart from this, all other cases are judged on their merits. The Health Committee has given authority for the employment of up to ten Helps at one time, but recruitment of suitable Helps is not easy, partly perhaps because a guaranteed weekly wage is not offered. It seems to me that a guaranteed wage would enable the service to compete on more equal terms with other forms of employment and allow us to recruit the right type of woman without difficulty. I do not propose to comment in greater detail on these two new services—the welfare of the aged and the Home and Domestic Helps Scheme as both only came into operation in December, 1947.

Public Health Department Staff. For some time, Mr. McGlynn, the Senior Sanitary Inspector, has carried on with difficulty lacking the required complement of two District Sanitary Inspectors. This has made the routine work difficult enough, but the completion of special duties arising from time to time become almost impossible and it is a matter of some satisfaction that since June, 1947, Darwen has been fortunate

enough to secure its complement of two District Sanitary Inspectors—badly needed if only for the performance of routine work, but a permanent necessity in view of the nation-wide housing drive.

To Mr. McGlynn and Miss Waddicor in particular, and to all the members of the staff, thanks are due for their good work during the year.

My grateful thanks are given for the continued confidence and support of the Committee.

I am, Ladies and Gentlemen,

Your obedient Servant,

JANE O. MILLAR,

MEDICAL OFFICER OF HEALTH.

PART I.

Statistics and Social Conditions

General Provisions of the Health Services

Maternity and Child Welfare

Prevalence and Control of Infectious Diseases

BY

JANE O. MILLAR, M.D., D.P.H., D.Obst.R.C.O.G.

MEDICAL OFFICER OF HEALTH

Summary of Statistics and Social Conditions,

1947.

GENERAL INFORMATION.

Geographical Position ...	Lat. 53° 41' 25" N. Lon. 2° 28' 32" W.
Elevation above sea level	500 ft. to over 800 ft.
Geological formation...	Boulder, clay and sand, over coal measures.
Area (in acres)	5,959
Population—Census, 1931	36,012
Population — Registrar-General's Mid-year Estimate for 1947	30,250
Number of Inhabited Houses—Census, 1931	10,258
Number of Inhabited Houses at end of 1947	10,416
Number of families or separate occupiers at Census, 1931	10,385
Rateable Value	£190,152
Sum represented by a Penny Rate	£750

The inhabitants are mainly of the artisan, or working class, and the principal industries are cotton weaving, paper making and staining, plastic and paint manufacturing and engineering trades.

Of a total of 11,035 insured adult persons, the average per cent. unemployed was 5.0, and of 1,034 insured juveniles, the average unemployed was 3.5 per cent. The corresponding figures for 1946 were:—Percentage adult unemployment, 2.40; percentage juvenile unemployment, 0.68.

SUMMARY OF VITAL STATISTICS.

		Males.	Females.	Total.	
LIVE BIRTHS:	Legitimate	294	262	556	
	Illegitimate	9	12	21	Birth-rate per 1,000
					estimated population
	Total	303	274	577	mid-1947 19.0
STILLBIRTHS:	Legitimate	7	7	14	Rate per 1,000 total
	Illegitimate	Nil	2	2	(live and still)
					births 26
	Total	7	9	16	
DEATHS:					Death-rate per 1,000
	.....	251	235	486	estimated population
					mid-1947 16.0
MATERNAL DEATHS.					Rate per 1,000
					Deaths. Total Births
	From puerperal and post-abortion sepsis.	Nil	.....	Nil	
	From other maternal causes	1	.....	1.68	
	Total deaths	1	.....	1.68	

INFANTILE MORTALITY. (Infants under the age of 1 year.)				Rate per 1,000	
	Males.	Females.	Total.	Live Births.	
Legitimate Infants	13	10	23	.....	39
Illegitimate Infants	Nil	Nil	Nil	.....	Nil
Total Deaths ...	13	10	23	.....	39

OTHER INFANT DEATHS.				Rate per 1,000	
				Total.	population.
Deaths from Measles (at all ages)				1	0.033
Deaths from Whooping Cough (at all ages)				Nil	0.00
Deaths from Diarrhoea (under 2 years)...				2	0.066

Births.—The number of live births registered during the year was 577, giving a birth rate of 19.0 per 1,000 of the population. The trend of this rate over the past 19 years, in comparison with the rate for England and Wales, is shown in the following table:—

Year.	DARWEN.				ENGLAND AND WALES.
	No. of Births.			Rate per 1,000	Rate per 1,000
	Male.	Female.	Total.		
Average for 1929 to 1938	199	195	394	11.35	15.2
1939	161	181	342	10.9	15.0
1940	167	171	338	11.1	14.6
1941	190	173	363	12.1	14.2
1942	191	177	368	12.5	14.0
1943	213	212	425	14.9	16.5
1944	220	192	412	14.53	17.6
1945	205	183	388	13.72	16.1
1946	265	230	495	16.5	19.1
1947	303	274	577	19.0	20.5

Illegitimate Births.—The following table shows the number of illegitimate births and deaths for the period 1929 to 1947:—

Year.	No. of Births.	Rate per cent. of Live Births.	No. of Deaths under 1 year.	Death Rate per 1,000 Illegitimate Live Births.
Average for 1929 to 1938	14	3.61	1.6	114
1939	12	3.50	Nil	Nil
1940	10	2.95	1	100
1941	19	5.23	1	52
1942	14	3.80	1	71
1943	28	6.58	Nil	Nil
1944	28	6.79	4	142
1945	32	8.25	3	93
1946	30	6.45	1	33
1947	21	3.64	Nil	Nil

Stillbirths.—The table given below sets out details relating to stillbirths for the past nine years:—

Year.	No. of Stillbirths.			Rate per 1,000 Live Births.	Rate per 1,000 Population.	
	Legitimate.	Illegitimate.	Total.		DARWEN.	ENGLAND AND WALES.
1939	23	2	25	68	0.80	0.59
1940	17	Nil	17	47	0.56	0.55
1941	6	6	12	32	0.40	0.51
1942	15	2	17	44	0.58	0.54
1943	22	2	24	53	0.84	0.51
1944	21	1	22	53	0.77	0.50
1945	13	Nil	13	32	0.46	0.46
1946	11	Nil	11	21	0.37	0.53
1947	14	2	16	27	0.53	0.50

Deaths.—The number of deaths of Darwen residents which occurred during the year was 486, representing a death rate per 1,000 of the population of 16.0.

The trend of the death rate of the Borough for the past 19 years is shown below in comparison with the rate for England and Wales:—

Year.	DARWEN.		ENGLAND AND WALES. Rate per 1,000.
	Total Deaths.	Rate per 1,000.	
Average for—			
1929 to 1938	515	14.9	12.1
1939	495	15.7	12.1
1940	534	17.6	14.3
1941	462	15.4	12.9
1942	416	14.2	13.9
1943	497	17.4	12.1
1944	429	15.1	11.6
1945	440	15.5	11.4
1946	496	16.6	11.5
1947	486	16.0	12.0

The following is a copy of the information supplied by the Registrar-General of the causes and sex distribution of deaths of Darwen residents. The information does not include non-civilian deaths:—

Cause of Death.	Males.	Females.	Total.
Typhoid and paratyphoid fevers	—	—	—
Cerebro-spinal fever	1	—	1
Scarlet fever	—	—	—
Whooping cough	—	—	—
Diphtheria	—	—	—
Tuberculosis of respiratory system	5	4	9
Other forms of tuberculosis	—	1	1
Syphilitic diseases	2	—	2
Influenza	3	4	7
Measles	1	—	1
Acute polio-myelitis and polio-encephalitis ...	—	—	—
Acute infective encephalitis	—	—	—
Cancer of buccal cavity, and œsophagus (M) uterus (F)	1	5	6
Cancer of stomach and duodenum	9	9	18
Cancer of breast	—	8	8
Cancer of all other sites	22	13	35
Diabetes	—	—	—
Intra-cranial lesions	33	35	68
Heart disease	67	71	138
Other diseases of circulatory system	9	13	22
Bronchitis	22	14	36
Pneumonia	9	9	18
Other respiratory diseases	—	3	3
Ulcer of stomach or duodenum	4	1	5
Diarrhœa under 2 years	2	—	2
Appendicitis	1	—	1
Other digestive diseases	4	3	7
Nephritis	11	9	20
Puerperal and post-abortion sepsis	—	—	—
Other maternal causes	—	1	1
Premature birth	2	4	6
Congenital malformation, birth injuries, etc.	7	2	9
Suicide	6	—	6
Road traffic accidents	3	1	4
Other deaths by violence	7	3	10
All other causes	20	22	42
TOTALS	251	235	486

General Provisions of Health Services.

PUBLIC HEALTH STAFF.

Full particulars of the Public Health Officers of the Authority are given on page 3.

LABORATORY FACILITIES.

The Pathological and Bacteriological Department of the Blackburn and East Lancashire Royal Infirmary has undertaken the laboratory work of the Borough of Darwen, under a scheme which came into operation on September 1st, 1943; since its inception, the scheme has at all times worked very successfully.

Sputum examinations for tuberculosis were carried out by the Lancashire County Council under their tuberculosis scheme.

Urine for pregnancy diagnosis tests was sent to the University of Edinburgh.

The following is a summary of the specimens examined during the year:—

Diphtheria (Throat and Nose Swabs)	90
Blood	25
Pus	5
Fæces	5
Urine	26
Cerebro-spinal Fluid	6
Sputum (for tubercle bacillus)	96
Vaginal Swabs	67
Eye swabs	11

AMBULANCE FACILITIES.

1. **Infectious Diseases.**—The Darwen Corporation provided and maintained an ambulance which was used exclusively for removal of cases admitted to the Infectious Diseases Hospital at Bull Hill, Darwen.

2. **Accident and Non-infectious Diseases.** — Arrangements existed with two local garage proprietors to provide and maintain ambulances for the conveyance of accident, non-infectious and maternity cases. By this arrangement a day and night service of three ambulances was placed at the disposal of the public. In cases where the financial circumstances of those requiring the use of an ambulance were such that payment for the service would have caused hardship, the service was provided free, but to avail themselves of this service, in cases other than accident, patients were required to produce a medical certificate.

The Public Assistance Institution, Queens' Park Hospital, Blackburn, maintained ambulances for the removal of their cases to or from the Institution.

NURSING IN THE HOME.

The Darwen and District Nursing Association provided a home nursing service for all cases of sickness, other than certain infectious diseases. The service so provided was satisfactory.

The Corporation made an annual grant of £10 10s. 0d. to the funds of the Association, and also made a payment at the rate of one shilling per visit to cases of the following diseases nursed at home:—Puerperal pyrexia, ophthalmia neonatorum, measles, whooping cough, pneumonia (cases under five years), diarrhoea, and to such other cases as were approved by the Medical Officer of Health.

TREATMENT CENTRES AND CLINICS.

A table of the treatment centres and clinics is set out on page 4.

HOSPITALS.

1. **General, Surgical and Medical Cases.**—There was no hospital accommodation in Darwen for the treatment of such cases, which were mainly referred to the Blackburn and East Lancashire Royal Infirmary, and to the Queen's Park Hospital, Blackburn.

2. **Infectious Diseases.**—Cases of infectious disease were admitted to the Bull Hill Infectious Diseases Hospital, Darwen, which was provided and maintained by the Corporation. Cases were also admitted from the areas of the Turton Urban District Council and the Accrington and District Joint Hospitals Board, by agreement with these authorities. These agreements were approved by the Lancashire County Council in their scheme under Section 63 of the Local Government Act, 1929, for the provision of hospital accommodation for cases of infectious disease within the Administrative County Area.

3. **Maternity Cases.**—Maternity cases were admitted, according to their requirement, to Queen's Park Hospital, Blackburn, by an arrangement with the Blackburn Corporation. In addition, a maximum of two cases per month could be admitted to Springfield Maternity Home, Blackburn, by Darwen patients' own arrangements.

SMALLPOX.

Accommodation for cases of smallpox was provided under an agreement with the County Borough of Blackburn, whereby four beds were retained at their Finnington Isolation Hospital. The Darwen Corporation pay a retaining fee of £80 per annum for retention of these beds.

TUBERCULOSIS.

Cases of tuberculosis were admitted to various sanatoria under the Lancashire County Council scheme.

**PUERPERAL
PYREXIA.**

Under the Puerperal Pyrexia Regulations, 1939, satisfactory arrangements were made for the hospital treatment and home nursing of cases. The hospital arrangements provided for cases of puerperal pyrexia, difficult confinement, etc., to be under the personal supervision of the Consultant Obstetrician, Mr. S. W. Liggett.

**VENEREAL
DISEASES.**

The venereal diseases authority for Darwen is the Lancashire County Council. Cases were therefore treated under the County Council's scheme, through which a treatment centre was provided at the Royal Infirmary, Blackburn.

**OPHTHALMIA
NEONATORUM.**

Under the Public Health (Ophthalmia Neonatorum) Regulations, 1926 to 1937, satisfactory arrangements were made for hospital treatment, home nursing and services of consultant.

**PUBLIC
ASSISTANCE
CASES.**

The Public Assistance and Mental Services are administered by the Lancashire County Council. The Queen's Park Hospital, Blackburn, is the Public Assistance Institution.

Maternity and Child Welfare.

MIDWIFERY AND MATERNITY SERVICES.

During the year 577 live births and 16 stillbirths were registered: 236 (40.0 per cent.) of the births took place outside the Borough, mostly in Queen's Park Hospital, Blackburn. The domiciliary births were practically the same percentage of the total as in 1946, but the actual number of women confined in their own homes was considerably more—341.

The midwives have had a busy and successful year without any periods of serious overwork as their numbers have been adequate to deal with the number of deliveries.

What of the future maternity services? The year under review saw one big improvement in the initiation of the Home Helps Service, but there are other ways in which we might improve matters. It would be very desirable to go a little further in the way of preparing mothers for confinement and the care of children, e.g., classes of exercises held in the Civic Health Centre for mothers during pregnancy and after confinement, could be arranged without great difficulty if a qualified physiotherapist were available to conduct them. Similarly, mothercraft classes teaching mothers, amongst other things, the elementary principles of infant feeding and management, infant cookery, how to bath baby, and how to dress baby might well be run at the Health Centre in conjunction with the Ante-Natal Clinics.

I am hesitant to suggest anything that would restrict the visiting time allowed to the Health Visitors—as that is already short enough—but better preparation of mothers for the care of children might indirectly decrease the number of visits to be done, by making the mothers more competent and independent, and therefore less needful of supervision at home.

When all is said and done, however, it is still in the home that the Health Visitor exercises most influence, and it is satisfactory to know that visits were well maintained during the year. The routine visits were all carried out and the Health Visitors usually find time for a good many special visits to children whose mothers are in difficulties over feeding, etc. What these visits mean to the harassed and over-anxious mother of a new baby who screams, and will not take his food, or having taken it, promptly vomits it, has to be experienced to be believed. Merely to know that nurse will call every day for a few days to supervise and take an interest in what is going on often is a ray of light in a situation which, at the time, seems quite hopelessly dark and worrying, though afterwards when all is going well, mothers may laugh at their own fears.

On the purely medical side a very helpful innovation during the year was the cardiac clinic for expectant mothers. This clinic is run by the County Borough of Blackburn and Dr. A. L. McAdam is the consulting physician. By courtesy of the County Borough and its Medical Officer of Health, Dr. V. T. Thierens, Darwen patients are allowed to attend this clinic, payment being made on an attendance basis. The clinic has not been used a great deal, but it is a service that ought to be available for use when required. The liaison between clinic and hospital is a very close one, as the obstetricians and physician are jointly in charge of their patients through pregnancy, labour and the puerperium.

MIDWIVES.

Reference was made in the Report for 1946 to the extremely efficient midwifery service maintained by the Darwen District Nursing Association on behalf of the Corporation. In the year 1947 the

service was maintained with equal efficiency and an absence of all friction or complaints—from patients, midwives, or pupil midwives. The Corporation was proud of the service, and I am sure that the District Nursing Association were happy to be associated with it. The agreement in existence between the Corporation and the District Nursing Association has, since its inception in 1942, provided that every woman should have a qualified midwife to attend her at the time of delivery, and no difficulty had been encountered in meeting this obligation. In September, 1947, however, the Central Midwives' Board made representations to the Medical Officer of Health that it was desirable, in the interests of the pupil midwives, that they should be allowed to go out to attend their domiciliary cases, after the first, on their own, unaccompanied by a qualified midwife, though the qualified midwife was to remain in nominal charge of the case.

The Health Committee did not favour this idea, feeling that women in labour were entitled to receive the best available care at the time of delivery. The consultant obstetrician gave it as his opinion that pupil midwives should not go alone to their cases if there was a qualified midwife available to accompany them, and when the matter was put to the general practitioners of Darwen by the Medical Officer of Health (at a meeting at which there was 100 per cent. attendance) the doctors were unanimously of the opinion that the existing arrangements should be allowed to continue and strongly deprecated the suggestion that their patients should be delivered by unaccompanied pupil midwives.

These views were made known to the Central Midwives' Board by the Town Clerk together with the Health Committee's decision that the Committee did not wish to alter its agreement with the District Nursing Association. The Central Midwives' Board promptly withdrew its recognition of the District Nursing Association as a Part II. Training School, the Matron of the District Nursing Association intimated that in the circumstances she would not advise her Committee to continue the practice of midwifery in Darwen, and so, at one fell swoop, the domiciliary midwifery service of the Borough was threatened with complete extinction. In view of this, the Health Committee had no alternative but to accede to the demands of the Central Midwives' Board regarding pupil midwives, but the decision to do so was made with great regret. It seems a strange state of affairs that permits arrangements made by a Welfare Authority which has aimed always at providing a service of the highest quality, to be arbitrarily set aside by a Board in London which has little or no knowledge of local affairs. At present, it is acknowledged that there is a real and absolute shortage of nurses and midwives, and it seems, therefore, the more regrettable that an artificial shortage should be thrust on an Authority which has managed to maintain its service in the face of difficulties.

An interesting point, that may well prove to be a somewhat thorny one arises in connection with domiciliary midwifery in the National Health Service Act, 1946. Under the provisions of Part III. of that Act, all treatment in hospitals vested in the Minister of Health, including hospital confinements will become free of charge to patients from July 5th, 1948. At present, the demand for maternity accommodation, for which patients have to pay, far exceeds the available supply. After July 5th, this will surely become more noticeable. When the treatment is free, more people will want it, and more will have to be refused. She who is confined in hospital will have no outlay, she who is confined at home will still have to pay for domestic help, in some cases for maternity outfits, increased laundry bills, and maintenance at home. In addition, she cannot be promised the attendance of a QUALIFIED midwife at delivery. The inequalities of this situation are manifest, and something must surely be done to equalise the charges. I would suggest that domestic help, and maternity outfits should be provided free of charge, otherwise those patients who have to be confined at home will have a genuine grievance.

CONSULTANT OBSTETRICIANS.

Mr. S. W. Liggett and Mr. E. Gledhill, are the consultant obstetricians and gynaecologists to Blackburn County Borough, Blackburn Royal Infirmary, Queen's Park Hospital, Borough of Darwen and Lancashire County Council and are in personal charge of all the abnormal midwifery of the district which is received into the wards at Queen's Park Hospital and are also available for consultation in patients' own homes upon the application of any doctor.

A fortnightly ante-natal clinic is also held in Darwen.

Mr. Gledhill was appointed as an additional consultant obstetrician in December, 1947, and commenced duty on 1st February, 1948.

ANTE-NATAL AND POST-NATAL SERVICES.

The routine ante-natal clinics held by the Medical Officer of Health have, as usual, been very well attended. The total number of women who attended the routine ante-natal clinic for the first time during the year was 351, and they made 2,581 attendances—an average of seven per mother.

The post-natal clinic had a much better attendance—75 mothers made 84 attendances. The success of this clinic depends almost entirely on the interest of the Medical Officer running it.

DENTAL SERVICES.

A brief summary of the work carried out is given below:—

Number of patients who received treatment	24
Treatment given—	
(a) Conservative	2
(b) Extractions	17
(c) Number of patients supplied with dentures	10
(d) Number of dentures supplied	18

MATERNAL MORTALITY.

One maternal death was allocated to Darwen for the year 1947 and was investigated and reported upon. The cause of death was given as shock and inversion of uterus. The patient was delivered at home by a midwife and was later admitted, as an emergency, to Queen's Park Hospital, where death occurred. The mother co-operated well in securing good ante-natal care, and this death was undoubtedly due to circumstances which could hardly be anticipated, or prevented, during the ante-natal period.

The following table gives statistical details relative to Maternal Mortality and a comparison with the mortality in previous years:—

Year.	Total Live and Still Births.	Notifica- tion of Puerperal Pyrexia, etc.	Deaths.			Mortality Rate per 1000 Total Births.
			Puerperal Sepsis.	Other Causes.	Total.	
1934—1938	367	4.2	1	2.6	3.6	9.16
1939	369	2	1	0	1	2.72
1940	355	1	0	4	4	11.08
1941	376	2	0	0	0	0.00
1942	385	1	2	2	4	10.86
1943	449	1	0	1	1	2.88
1944	434	1	0	1	1	2.42
1945	401	1	0	1	1	2.49
1946	506	0	0	1	1	1.97
1947	593	3	0	1	1	1.68

The one maternal death which occurred during the year drew attention to a defect in the Maternity Services. This patient, who was delivered normally at home, after the birth of baby developed the calamitous complication of inversion of the uterus. She was sent into hospital by her doctor and died soon after admission. Had there been available an obstetric flying squad to be called out for such emergencies, it is possible that this patient's life might have been saved. During the year, there occurred in domiciliary practice two other cases of serious post-partum hæmorrhage, fortunately not attended with fatal consequences. Both patients required blood transfusion, and this could only be obtained after some difficulty and delay. Such cases show the need for a quickly-available emergency service to deal with the unforeseeable complications that are the bugbear of domiciliary midwifery. Most abnormalities can be detected and dealt with before the onset of labour and measures taken to deal with them. A few cannot—and for these, which are nearly all attended by hæmorrhage and shock, a mobile emergency obstetric service is a vital necessity. The increasing difficulty of meeting the demand for hospital accommodation for midwifery lends more force to this argument, for the greater the number of patients confined in their own homes, the greater will be the need for such a service. The cost of the scheme need not be very high, nor the administration difficult. As regards the area of which Darwen is part, the flying squad could cover the whole of Area 5 of the Lancashire County Council Divisional Health Administration scheme, which is more or less co-terminous with the area served by the Blackburn hospitals, and the service could be based on Queen's Park Hospital, Blackburn.

It should be realised that it is not only the more dramatic life-saving activities of such a branch of the obstetric service that are desirable. Cases occur in which there is not so much a danger of death as the actuality of a more or less prolonged period of ill-health and severe invalidism following hæmorrhage at a confinement. If prompt attention at the time of the occurrence can save a woman from this—it is very well worth giving that attention and thus enabling the mother to start her manifold duties at an early date in as good health as she was before the birth of the baby, whatever may have befallen her at the confinement.

CHILD WELFARE.

577 babies were born alive during the year. Attendances at the Welfare Centre were as follows:—

	Individual Attendances.	Total Attendances.
Under 1 year	356	3,861
1 to 5 years	389	598

INFANT LIFE PROTECTION.

The Health Visitors are appointed as Child Protection Visitors for the purposes of Part VII. of the Public Health Act, 1936, and the Adoption of Children Act, 1926. A considerable number of children are "minded" during the day only, by persons who undertake the work for reward. Details are given below of the numbers of children adopted, and also in the care of foster parents:—

Nine legal adoptions were carried out during the year.

Number of persons receiving children for reward at the
end of the year 94

Number of children being received for reward at the
end of the year 94

ULTRA-VIOLET LIGHT CLINIC.

This clinic was popular. The number of children who attended for treatment was 85 and the number of treatments 782.

ORTHOPÆDIC CLINIC.

This Clinic is run by the Lancashire County Council, the Orthopædic Nurse attending each Wednesday, and Mr. Milner, the Surgeon, attending once monthly. Cases have been admitted to Biddulph Orthopædic Hospital without difficulty.

The following is a brief summary of the work carried out:—

Number of individual school children who attended	209
Number of individual pre-school children who attended ...	105
Number of attendances made	514
Splints supplied	3
Number of children given Remedial Exercises	101
Plasters applied	19
Number of school children who received Institutional Treatment	3
Number of pre-school children who received Institutional Treatment	2

OTHER MEDICAL AND SURGICAL CONDITIONS.

Ophthalmic and ear, nose and throat cases are referred to Dr. J. M. Wishart either at the School Clinic or at Blackburn Royal Infirmary. The numbers are small, and the commonest conditions are squint and cases for tonsillectomy. Other cases are dealt with, for the most part, at Blackburn Royal Infirmary.

HOME VISITING.

The table below summarises the work of the Health Visitors during 1947:—

VISITS TO CHILDREN.	Under 1 year: First visits	581
	Total visits	2536
	Aged 1 to 2 years: Total visits	1047
	Aged 2 to 5 years: Total visits	2256
SPECIAL VISITS.	Re Infant death inquiries	23
	Re Still-births	16
	Re Infant Life Protection	15
	To Expectant mothers	139
	Re Maternal death inquiries	1
	To Midwives	6
	Re Infectious disease	94
TOTAL VISITS.	Miscellaneous	77
	.....	6791

LOSS OF INFANT LIFE.

The Tables on page 24a show details of stillbirths, neo-natal deaths and deaths for 1 to 12 months for 1947. What lessons can we learn from these pathetic little life histories this year?

Taking stillbirths and infant deaths as a whole, we find that about one-third still come into the category of preventable deaths—i.e., deaths due to conditions over which social and/or medical science have some control, and which might have been prevented by better use of the existing facilities. There is some satisfaction in knowing that

no stillbirths occurred in which there was a suspicion that more efficient ante or intra-natal care might have saved the baby's life. Against this, one must set the ever-growing percentage of stillbirths which occur in women who have had good ante-natal and intra-natal care, and in whom there is no obvious abnormality to account for the baby's death. This is obviously a fertile ground for research in the field, and there is no good reason why such research work should not go on in the very numerous local health authority ante-natal clinics throughout the country, research which might perhaps be guided and co-ordinated by more academic authority, for instance, the Royal College of Obstetricians and Gynæcologists. For many years it has been the practice to report very fully on every maternal death. Has the time not come when we should have to account equally fully for stillbirths? The mere fact of knowing that a very detailed inquiry would follow would keep midwives and doctors on the "qui vive" and prevent us from adopting too much of a laissez-faire attitude to this tragic, and all too common obstetric calamity.

The neo-natal deaths in 1947 were again largely accounted for by prematurity, and seven of the eleven were considered to be unpreventable. In two cases co-operation of the mother in securing ante-natal care might have prevented the premature birth, and in two other cases babies developed an acute infection when being nursed at home in conditions obviously unsuited to the care of a premature baby. While it is generally true that a premature baby, unless extremely small, will thrive as well, or better, in a good home, as in hospital, there are of course, a number of cases in which the home conditions are such that early removal to hospital, even without the mother, is the only hope of survival. The bigger babies—those weighing about 4 lbs. or more, might well be left in their own homes, but I think practically all those under 4 lbs. should have available the best and most modern hospital facilities, and such facilities are regrettably not yet available in this area. It is equally regrettable that no pædiatrician has yet been appointed.

The twelve deaths from one to twelve months include seven that were due to conditions arising before birth—prematurity and congenital malformations, and all but one of these were considered to be unpreventable. This leaves five deaths due to conditions that arose after birth—infections in all cases, and all these might have been prevented. In four cases a degree of carelessness, indifference and lack of co-operation on the part of the mother was apparent, and in the fifth, the child died from broncho-pneumonia in an overcrowded home unsuitable to the nursing of a very ill baby.

The Coroner held three inquests during the year on children under one year who died suddenly at home. Two of these deaths were due to congenital abnormalities and were unpreventable, the third perhaps need not have occurred if the parents had sought either the advice of their doctor or of the Maternity and Child Welfare Department. It is very hard for the average person to understand why parents will not take these simple measures, when their children are obviously ill or not thriving. Some, no doubt, are deterred by financial considerations from consulting a private doctor (and this deterrent will shortly be removed) but why, in these circumstances, they do not make some effort to get in touch with their Health Visitor passes comprehension. There are some families known to me where more attention is given to greyhounds and even ferrets, than to children, and until such parents realise their personal responsibilities towards their children, much of our work is in vain. Family allowances, welfare clinics, welfare foods, free medical attention and the like, will all be of little avail in the absence of some degree of personal responsibility in those whom these services are intended to benefit. If the family unit be likened to a ship, these medical and social services are not intended to be a port in which they can spend their days like useless hulks, but rather they are a harbour of refuge to which the voyager may turn in times of storm and stress and where they may shelter until calmer conditions prevail.

STILLBIRTHS.

No.	Duration of pregnancy (weeks).	Ante-natal care.	Where confined.	Reason for stillbirth.	Possibly Preventable Yes/No.	Remarks.
1	32	Midwife and doctor.	At home.	A—Complications of Labour. Breech presentation; primagravida.	No.	...
2	38	Clinic.	In hospital.	Lateral placenta praevia; prolapsed cord.	No.	Good care throughout pregnancy.
3	40	Clinic.	In hospital.	Tentorial tear (postmortem).	No.	Good ante-natal care; normal delivery.
4	32	Clinic.	In hospital.	B—Toxaemia of Pregnancy. Severe toxæmia.	No.	Good ante-natal care and hospital treatment.
5	28	Midwife.	At home.	C—Congenital defects of Foetus. Congenital defect—spina bifida.	No.	Twin pregnancy.
6	28	Midwife.	At home.	Extremely small size—1 lb.	No.	
7	28	Clinic.	In hospital.	Congenital defect; anencephalic.	No.	...
8	36	Clinic.	In hospital.	Congenital defect; anencephalic.	No.	...
9	28	Clinic.	In hospital.	D—Indefinite Causes. Not known.	No.	All investigations into possible cause for this stillbirth were negative. Mother had five months' miscarriage seven months later.
10	32	Clinic.	At home.	Not known.	No.	All investigations into possible cause of this stillbirth were negative.
11	32	Clinic.	At home.	Not known.	No.	No obvious abnormality.
12	32	Midwife.	At home.	Not known.	No.	No obvious abnormality.
13	38	None.	In hospital.	Not known.	No.	No obvious abnormality.
14	38	Clinic.	At home.	Not known.	No.	All investigations into possible cause of this stillbirth were negative.
15	40	Clinic.	In hospital.	Not known.	No.	All investigations into possible cause of this stillbirth were negative.
16	40	Clinic.	In hospital.	Not known.	No.	All investigations into possible cause of this stillbirth were negative.

SUMMARY.

Considered to be unpreventable	16
Considered to be possibly preventable by better use of existing facilities	0
TOTAL	16

NEO-NATAL DEATHS.
(i.e., Deaths in first four weeks of life.)

No.	Age at death.	Cause of death.	Death related to ante-natal conditions Yes/No.	Birth weight, lbs. oz.	Died at home or hospital.	Home conditions	Death possibly preventable Yes/No.	Remarks.
1	1st day.	Prematurity.	Yes.	2 12	At home.	Fair home.	No.	Ante-natal care—own doctor.
2	1st day.	Spina bifida: meningocle.	Yes.	Not weighed: circa 6 lbs.	At home.	Very good home.	No.	Only lived a few minutes. Twin birth—other child healthy.
3	1st day.	Prematurity.	Yes.	2 4	In hospital.	Very good home.	No.	Lived nine hours. Mother acutely ill with high pyrexia of unknown origin prior to birth.
4	1st day.	Prematurity.	Yes.	4 1	In hospital.	Fair home.	No.	Ante-natal care from midwife. No known cause for prematurity.
5	1st day.	Prematurity.	Yes.	2 9	In hospital.	Poor home.	No.	Stillbirth earlier in year.
6	2nd day.	Asphyxia.	Yes.	8 4	In hospital.	Fair home.	No.	Mother—toxæmia of pregnancy. Did not co-operate in securing early adequate treatment.
7	2nd day.	Prematurity.	Yes.	3 9	In hospital.	Poor home.	Yes.	
8	10th day.	Broncho-pneumonia.	Yes.	4 12	At home.	Very poor home.	Yes.	Home quite unsuitable for care of premature child.
9	17th day.	Prematurity.	Yes.	3 0	At home.	Fair home.	Yes.	No ante-natal care. Midwife and doctor called when in labour. Not booked previously.
10	19th day.	Meningitis: Spina bifida.	Yes.	7 12	In hospital.	Good home.	No.	...
11	27th day.	Gastro-enteritis: Prematurity.	Yes.	5 5	In hospital.	Very poor home.	Yes.	Born in hospital, sent home; interrupted stay in hospital might have prevented this death.

SUMMARY.

Neo-natal deaths due to causes that possibly could have been prevented by better use of existing facilities	4
Neo-natal deaths that were considered unpreventable	7
TOTAL	11

INFANT DEATHS.
(i.e., Deaths from one month to one year.)

No.	Age at death.	Cause of death.	Death related to ante-natal conditions Yes/No.	Birth weight, lbs. oz.	Died at home or hospital.	Home conditions.	Death possibly preventable Yes/No.	Remarks.
1	6th week.	Prematurity: Haemorrhage per rectum.	Yes: Prematurity.	3 12	In hospital.	Poor home.	Yes.	Not admitted to hospital till 4 weeks old.
2	6th week.	Enteritis.	No.	7 12	At home.	Fair home.	Yes.	Never attended Child Welfare Clinic. Not admitted to hospital.
3	2nd month.	Marasmus.	No.	6 8	At home.	Fair home.	Yes.	Ill for a month or more. Doctor called in on day of death. Coroner's verdict: "Death due to natural causes." Never attended Child Welfare Clinic.
4	3rd month.	Broncho-pneumonia.	No.	8 0	At home.	Very poor home.	Yes.	Treatment in hospital might have saved this child.
5	4th month.	Enlarged thymus gland.	Yes (Congenital abnormality.)	7 8	At home.	Fair home.	No.	Sudden death. Coroner's postmortem and inquest. Death due to natural causes.
6	5th month.	Enlarged thymus gland.	Yes (Congenital abnormality.)	7 4	At home.	Very poor home.	No.	Coroner's verdict: "Death due to natural causes."
7	5th month.	Hydrocephalus.	Yes (Congenital abnormality.)	7 0	In hospital.	Very good home.	No.	...
8	5th month.	Convulsions; teeth-ing; incasles.	No.	8 6	At home.	Very poor home.	Yes.	Unco-operative mother. Never attended Child Welfare Clinic.
9	5th month.	Hydrocephalus: Spina bifida.	Yes (Congenital abnormality.)	6 3	In hospital.	Good home.	No.	...
10	7th month.	Broncho-pneumonia: mongolism.	Yes (Congenital abnormality.)	7 15	At home.	Very good home.	No.	...
11	7th month.	Congenital heart disease.	Yes (Congenital abnormality.)	6 5	In hospital.	Very good home.	No.	...
12	9th month.	Broncho-pneumonia.	No.	6 0	At home.	Poor home.	Yes.	Doctor not called in till day of death. Unco-operative mother.

SUMMARY.

Infant deaths possibly preventable by better use of existing facilities	6
Infant deaths considered unpreventable	6
TOTAL	12

TOTAL LOSS OF INFANT LIFE.

	Possibly Preventable.	Not Preventable.	Total.
Still-births	0	16	16
Neo-natal deaths	4	7	11
Deaths 1 month to 1 year	6	6	12
TOTALS	10	29	39

INFANTILE MORTALITY RATES.

Year.	Darwen.	England and Wales.	Smaller Towns 20,000 to 50,000.
1937	54	58	55
1938	58	53	51
1939	61	50	40
1940	72	55	54
1941	64	59	56
1942	57	49	46
1943	47	49	46
1944	46	46	44
1945	72	46	43
1946	34	43	37
1947	39	41	36

CARE OF PREMATURE INFANTS.

The arrangements in the Borough to carry out the suggestions contained in Ministry of Health Circular 20/1944 are as follows:—

Outfits for premature babies born at home are immediately available upon the request of a medical practitioner or midwife. These outfits are kept at the District Nurses' Home and can be obtained at any time, day or night. They consist of a wicker cot, with all the necessary bedding, rubber hot-water bottles, etc., also "Belcroy" feeders, pipettes, mucus extractors, breast pump and brandy. Cotton wool wadding is supplied in place of napkins, and gamgee tissue jackets (with hoods) are supplied. Four outfits are available—more than is likely to be required at any one time, but the birth of small twins was kept in mind. Upon application to the Medical Officer of Health arrangements may be made to have premature children admitted to the Royal Manchester Children's Hospital, Pendlebury.

Total live births during 1947	577
Total number of premature (i.e., born alive weighing 5½ lbs. or less)	40=6.9% of total births
Number of premature babies surviving at end of year...	31
Number of premature babies dying under 1 year	9

The premature babies died at the following ages:—Five before the third day; one on the tenth day; one on the seventeenth day; one on the 27th day; and one in the second month.

DAY NURSERIES.

This subject might well be headed "The Married Woman and Industry." Darwen is pre-eminently a cotton town, and as such, has relied to a considerable extent on women workers in the various branches of one of its staple industries. Alternating periods of prosperity and adversity have given the cotton trade a somewhat chequered career and have to some extent affected the employment of women in the industry. In the days between the wars, if trade was good and there was a ready market for manufactured cotton goods, women worked in the mill because, no doubt, it seemed a pity to miss the chance of earning and saving when the opportunity was there, and bitter experience had taught the cotton towns that such opportunities had better be seized, as things might be very different in a short time. When the cotton trade was in one of the periods of depression, it sometimes happened that the only member of a family who had any employment was

the mother, and in such cases she became the breadwinner in addition to carrying out her multifarious other duties, and often men who were out of work helped in the home whilst their wives were at work.

Thus, in the period between the two world wars, the cotton trade managed to find a more than adequate supply of female labour to meet its demands, but about the late nineteen thirties, certain new trends began to appear in the industrial areas of Lancashire. A considerable number of other industries, mainly engineering, started in, or transferred to, Lancashire, and many of these were able to offer to women workers light, clean employment in conditions very different from those they had been accustomed to in the cotton trade. A number of the younger women went voluntarily to these industries in preference to cotton, and this drift away from cotton was very much accentuated by the war-time closure of many mills due to the concentration of cotton manufacturing in the hands of comparatively few firms. Compulsory direction of labour into factories making munitions (employing that word in a wide sense) still further denuded the cotton trade of new entrants, with the result that when the war was over, a large number of women who in normal times would have entered cotton were lost, through years of lack of facilities for training them. At the same time, many mills were re-opening after their war-time closure and the demand for labour considerably exceeded the supply.

With regard to the availability, generally, of women for the cotton industry in Darwen, I have been given some very interesting figures by Mr. Herbert, Manager of the Labour Exchange at Darwen, to whom I am indebted. The population of Darwen at mid-year 1947 was approximately 30,000; of these people we know that about 6,000 are persons 65 years of age and over, and 6,000 persons under 16 years of age. All these can be discounted as far as industry is concerned. That leaves 18,000 persons available for employment, and Mr. Herbert informs me that over 12,000 persons are registered for employment at the Labour Exchange, (and of the women, only seven were unemployed in 1947). With these deductions, we have 6,000 persons, both male and female between the ages of 16 and 65, who are not at present gainfully employed, and since women generally predominate in the population, one might say that there are in this age group 3,500 women. This includes persons of all income groups, married women, widows, and single women, fit and unfit for work. The unfit will certainly include some who are permanently incapacitated, and quite a considerable number who are pregnant. The fit will include many who cannot be directed into employment (i.e., those who have children under 15 living with them) and many who have no intention of working outside their own homes. This group also includes a large number of women over 40 who have never been in the cotton industry and who are very unlikely to be suitable trainees. Altogether it seems that there is no large reservoir of female labour in Darwen, and, unless by the direction of juveniles, it is difficult to see how any major labour force can be built up for the cotton trade in Darwen within the next few years.

During the war, the Health Committee frequently considered the propriety of opening Day Nurseries for the children of women who were working. It was never proved to the satisfaction of the Health Committee that there was any real demand for these, or that the setting up of one or two day nurseries could make any material contribution to the war effort, although the Government accepted responsibility for Day Nurseries. At that time, this country was engaged in a struggle for its existence, and yet the industrialists in this town did not at any time make any serious effort to persuade the Darwen Health Committee to alter its policy. After the war, however, there was a change. Two years of peace found us fighting again, this time, not for our lives, but for economic stability. The cry is ever for more production, and above all for more cotton goods. The cotton trade, into

which, as has been said, all recruitment was virtually at a standstill for six years, in December, 1946, decided to adopt a five-day working week, thus further reducing its output at a time when the trade was in a decidedly precarious position, for although it was contended that the workers would produce as much in 5 days as was formerly produced in $5\frac{1}{2}$, this was not proved to be so.

It has been asked frequently in discussions on the subject, why, if the cotton trade wishes more production a return to the five and a half day working week is not made, and why there has even been a complete failure to persuade the operatives now in the trade, most of whom apparently have not young children under their care, to work the daily half-hour of overtime which is desired by the Government, and recommended alike by the trade unions and the manufacturers? It is felt in some quarters that, until this has been done, there is no justification for setting up day nurseries so that over-worked mothers may step into the breach and get the increased production which those now in the trade are not unable, but are apparently unwilling, to give.

The Health Committee has had under consideration for about a year, this question of the establishment of day nurseries, but it has yet to be proved to the Committee that such nurseries would materially improve the output of cotton. Experience elsewhere has shown that there is a very high rate of absenteeism amongst women whose children are in Day Nurseries, for instance, Dr. F. Hall, the County Medical Officer, showed in his Annual Report for 1946, that the percentage of accommodation in day nurseries occupied by (a) the number of children on the roll, and (b) the average day attendances, was about 90.0 per cent. and 67.0 per cent. respectively. Therefore, not only was the available accommodation not fully utilised at any time, but of the children who were actually on the register, over 30 per cent. were absent every day. Dr. Hall also points out that the Ministry of Health grant was reduced from 100 per cent. to approximately 56.4 per cent. as from 1st April, 1946. Day Nurseries are thus a very expensive proposition for a small local authority, or indeed for any local authority.

As far as Darwen is concerned, the question of premises would be difficult. The Health Committee does not know of any which would be suitable for adaptation to this purpose, therefore land would have to be bought or rented and prefabricated units erected on it. The erection and equipment of day nurseries might be attended by much delay, and the crisis may have passed for better or for worse, before anything could be done. Furthermore, the location of day nurseries would present something of a problem in Darwen—a valley town—extending over four miles in a north-south direction, and a comparatively short distance from east to west. If there were a nursery about the middle of the southern half of the town, and another in the middle of the northern half, it would still mean that many mothers would have a mile of hilly streets to negotiate with their prams before reaching the nursery.

I now turn to the most important feature of all in connection with day nurseries. Are they beneficial to the welfare of mother and child? This is the human side of the question beside which all others become insignificant. Is it right to separate a baby from its mother's care, which nothing else can replace, soon after birth? Is it right to place a young child in the company of others for ten hours or so a day, thereby increasing the liability of the whole group to infections of various sorts? Is it right that a child should be taken out from its home about 7 a.m. whatever the weather, and be taken back to a cold house again at night? Is it right that a mother should not have the joy and the privilege of looking after her own child in its most important and formative period? Is it right to expect any woman to work eight hours a day in a mill (or anywhere else)

and in addition do her own shopping, cleaning, cooking and mending when she gets home, via the day nursery after 6 p.m.? Can she be expected to keep healthy and happy in such circumstances? Surely the answer to all these questions is most emphatically "No." These are the basic questions the Health Committee has had before it in all the numerous deliberations on the subject of day nurseries, and these, taken in conjunction with a careful analysis of the experience of the utilisation of day nurseries elsewhere, has guided the Committee in their decision not to establish any in Darwen.

The decision of the Committee was not reached without much thought, and certainly not without much discussion. Day nurseries have been under consideration at frequent meetings of the Health Committee since August, 1947. The Committee has discussed the matter with representatives both from the employers' and the employees' side of the cotton trade—several of the Committee, indeed, have met the trade delegates twice, in their capacity as members of the Health Committee and of the Divisional Executive of the Lancashire Education Committee, and at the request of the textile trade delegates is to meet them yet again in the near future. I must place on record the very full, frank, unbiased and searching investigation which the Committee has given to the question of day nurseries. I feel quite sure that when in February, 1948, the decision not to start day nurseries was reached in the full Council by a majority of 17 to 4, all those 17 members, having carefully considered the matter, voted according to conscience and not from any political or party motives whatsoever. It would obviously have been easier to yield to the demands of the cotton trade and have established at least one nursery, but in a matter such as this, the elected representatives of the people felt that they must do what they genuinely felt to be right, and not what might merely be expedient.

Darwen people, nevertheless, are nothing if not realists, and it is recognised that, however much one might wish to see all children in the sole care of their mothers until they reach the age of five, this is not always an economic possibility. The cost of living is still rising, and rearing a family is an expensive business. The detrimental effect of separating a child from its mother is usually acknowledged to be very much less after the age of two, and indeed, there is evidence to show that some children benefit from being away from home part of the time, after this age. There is no reason why the mothers of these older children should not make some contribution to the drive for increased cotton production, if they wish to do so, and some labour might be recruited from this source. With the idea of enabling this source to be utilised, the Divisional Executive of the Lancashire Education Committee has therefore recommended the setting up of nursery schools, preferably with "extended hours" to enable mothers to work the normal day-shift hours, and during the holidays as well. While nursery schools may be of benefit to the children who attend them, I am still far from convinced that this double task of doing a full time job in industry and running her home can, in the long run, be anything but detrimental to the mother. It was hoped that the Education Committee would be able to find premises for two nursery schools, but unfortunately one of their projects fell through. Up to the present, only one building has been found. It requires considerable alteration, and the conversion is being attended by the wearisome delays and difficulties which we now accept as part of our normal life.

With regard to the possibility of employing the mothers of older children, it should, furthermore, be noted that since 1943 an average number of about 350 children under five have been admitted annually to the Darwen primary schools. It is known that many of the mothers of these children have been working, but it is impossible to find out exactly how many.

In the various discussions on day nurseries, it has been stated several times that children are better cared for in nurseries than by the daily "minder" who has been so

prominent a feature of the life of Darwen. It has also been said that the Local Authority has no control over the daily minder, but this, of course, is not true. All persons, other than near relatives, who undertake this work for reward must, under Section 206 of the Public Health Act, 1936, give notice to the Local Authority, and their homes, and the children they care for, are inspected and supervised by the Health Visitors. While it is no doubt true that the standard of care given by the average daily minder is not always physically comparable to that of a good day nursery, the daily minder has three great advantages over any nursery—firstly, that the child in her charge is an individual, and gets the “mothering” that it so much needs; secondly, the home of the minder is usually in very close proximity to the child’s home, and long journeys in the early morning and late evening, are thus avoided, and, thirdly, it is exceptional for a minder to take more than one child at a time, and therefore the child is not exposed to the risk of infection to anything like the same extent as it would be in a day nursery. It has been said from time to time that daily minders charge exorbitant prices for caring for children, but no complaint has ever come to me or to the Health Visitors. If women are content to pay unduly large sums of money for this service, having regard to their earnings, the only reason why they go out to work must be because they prefer to do so rather than to care for their own children, and why the Local Authority should encourage them in that attitude by setting up nurseries at the ratepayers’ expense is difficult to see.

It is true that the Government will approve and make grants to reimburse some of the cost to the Local Authority of providing Day Nurseries, but a considerable proportion of the cost must be met out of local revenue. If, therefore, the cotton manufacturers must employ women with young children it would appear that the only equitable method of securing this is for the nurseries to be located in the mills, for the cost of the equipment and maintenance to be borne by the company concerned, and for the nurseries to be staffed by, and under the direct supervision of, the Local Maternity and Child Welfare Authority. By this means some of the evils of nurseries might be avoided—the mothers could see their babies at dinner time, one journey to and from work would suffice for mother and baby, and if a child is ill or out of sorts, the mother is readily available to take it home. Also, the mother is more or less on the spot all the time should the doctor or nurse wish to discuss some point about the baby’s welfare. However, in view of the uneconomic cost of establishing and running day nurseries, it is certainly not surprising that none of the cotton manufacturers in Darwen have set up a day nursery, but prefer that the Local Authority should do it for them. (It is understood that a few firms have set aside some accommodation where their workers’ children can be cared for before and after the normal school hours, so that the mothers can do a full day’s work in the mill.) But it would be a very great evil to have unsupervised nurseries started in association with factories and mills, and legislation will shortly be in force (the Day Nurseries’ and Child Minders’ Regulation Bill, will soon become law) to prevent this.

One other type of nursery may briefly be discussed, and that is the short-term residential nursery for the children of women who are ill, about to be confined, or for some other temporary reason cannot care for their children at home. The existence of such a nursery would be a real help in Darwen, and apart from the type of cases mentioned would give an opportunity, occasionally, for a harassed mother to get a rest from some of her cares. The nursery might also be used for longer periods for the children of unmarried mothers and widows who must go out to work to support their children and cannot make other arrangements. I may say that no cases have come to my notice where an unmarried mother or widow was forced to stay at home on outdoor relief because she was unable to get anyone to mind her children—in such circumstances friends or relations always seem to have been able to help, and it would be a very great pity if such personal goodwill were to be lost. I do not think that Darwen alone could support a short-term

residential nursery of economic size, but as such a nursery does not necessarily have to be in close proximity to the homes of those who will use it, (indeed it would be better sited in a country district) it could serve an area much larger than Darwen—perhaps the whole of Area 5 of the Lancashire County Council Divisional Health Administration scheme.

It is not, as a rule, the business of a Medical Officer of Health to participate in discussions on hours and days of work in any industry, but the Medical Officer of Health must consider in broad outline, the effect of prevailing industrial conditions and trends on the health of a community. I therefore view with great concern any attempt to induce mothers of children under two to go out to work and leave their babies. I am convinced that this is biologically unsound and wrong, and will, in the long run, be detrimental to the health and happiness of all concerned. Everyone knows that this country is at present in a very difficult economic position, and everyone knows that the road to recovery is going to be a long and hard one. It matters not if it is made more difficult and longer, nor if those who can work unfettered by the care of young children have to work rather harder, we must not ask our young mothers to do this very great task for us, nor should we forget the old hackneyed, but very true saying—"The hand that rocks the cradle rules the world."

Prevalence and Control of Infectious Diseases.

The numerical and age incidence of infectious diseases, other than tuberculosis, is shown in the following table, which includes particulars of Darwen cases notified and accepted, cases removed to hospital, and deaths from infectious diseases. The so-called minor infectious diseases, other than measles and whooping cough, are not included in the table, as they are not notifiable in Darwen and, therefore, statistics as to their incidence are not reliable.

Disease.	Cases Notified and Accepted.														Total Deaths	Hospital.	
	Total Cases at all Ages.	Years.														Total Cases removed to hospital from district	Deaths in Hospital of persons belonging to district
		Un-der 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over				
Smallpox .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	25	...	...	1	5	1	16	2	...	...	...	...	...	...	...	15	...
Diphtheria, includ'g Membranous Cr'p.	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...
Enteric Fever (incl'd Paratyphoid) .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Measles (excl'd. German Measles)	316	15	24	21	56	63	131	3	...	3	...	...	...	...	...	2	...
Whooping Cough ...	55	3	4	7	10	10	20	1	...	...	...	...	...	...	...	...	...
Acute Pneumonia (Primary and Influenzal)	17	3	...	...	...	...	1	1	1	3	2	4	2	1	...	5	...
Puerperal Pyrexia ...	3	...	...	...	...	...	...	...	...	2	1	...	...	...	...	1	...
Cerebro-spinal Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis...	3	...	...	...	1	...	1	1	...	...	...	...	...	...	...	3	...
Acute Polio-encephalitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
Ophthalmia Neonatorum	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...
Erysipelas .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria—Contracted in: This Country ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Abroad .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	424	24	28	29	72	74	170	8	1	8	3	5	2	1	...	30	...

Measles were widely prevalent in 1947, but such cases as occurred were generally mild and recovered rapidly. Three cases of ophthalmia neonatorum were notified during the year—none was found to be due to *N. Gonorrhœa*.

One case of diphtheria, notified during the year, was rediagnosed as tonsillitis unfortunately after it had been returned as an accepted case of diphtheria in the Quarterly Return of Infectious Diseases forwarded to the Registrar General. In fact not one case of Diphtheria occurred during the year—a very satisfactory state of affairs, but calling for undiminished efforts to maintain immunisation at as high a level as possible.

The following table gives the comparative incidence of infectious diseases during the past five years:—

Disease.	1943	1944	1945	1946	1947
Scarlet Fever	148	165	54	42	25
Diphtheria	36	18	2	2	1
Enteric Fever .....	...	2	1	...	...
Measles	345	43	107	27	316
Whooping Cough	83	35	18	14	55
Pneumonia (Acute primary and Acute influenzal) ...	8	3	4	9	17
Puerperal Pyrexia	1	1	1	...	3
Cerebro-spinal Fever .....	...	2	1	...	...
Cerebro-spinal Meningitis....	1	...	...	...	...
Ophthalmia Neonatorum	2	...	1	5	3
Erysipelas	4	1	4	2	...
Dysentery .....	...	...	...	1	1
Acute Poliomyelitis .....	...	...	...	...	3
TOTALS	628	270	193	102	424

SMALLPOX.

For the forty-first successive year, no case of smallpox occurred. The vaccination rate was still very low, 52 babies being vaccinated, i.e., 9 per cent. of the 577 infants born during the year. No doubt the 40 years' immunity that Darwen has enjoyed contributes to this apathetic attitude.

DIPHTHERIA IMMUNISATION.

Two hundred and eighty-eight—206 pre-school and 82 school-children—were immunised by the Medical Officer of Health during the year. The immunisation clinic was held weekly on Monday afternoons.

In addition to the immunisation carried out at the Health Centre, a scheme exists in the Borough, whereby parents may have their children immunised by the family doctor, the Corporation paying the doctor for this service when necessary. All immunisations carried out by private practitioners, are requested to be notified to the Public Health Department, but this is not always done. It is apparent, nevertheless, that general practitioners are doing a good deal of immunisation themselves.

TUBERCULOSIS.

The Tuberculosis Scheme is administered by the Lancashire County Council, but the Area Tuberculosis Officer and Nurse maintain close co-operation with the Public Health Department, furnishing particulars about housing conditions, and environment generally. The necessary disinfection is carried out by the Public Health Department.

An increase in non-pulmonary tuberculosis in children during 1947 has already been referred to in the commentary on page 7.

The Mass Miniature Radiography Unit was made available for Darwen residents in the autumn of 1947, when 2,523 persons were examined. As a result, nine significant lesions were discovered, of which four were tuberculous, one being a sputum-positive case.

The following table shows the age group incidence of new cases of tuberculosis notified, and the deaths from the disease, during 1947:—

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Years.								
0—1 .....	...	...	...	1	...	...	...	...
1—5 .....	...	...	...	1	...	...	...	...
5—10	1	...	6	2	...	...	...	...
10—15 .....	...	...	4	2	...	...	...	...
15—20	2	1	1	...	...	...	...	...
20—25	3	1	...	...	...	1	...	...
25—35	1	2	2	2	1	2	...	1
35—45	6	...	...	...	1	...	...	...
45—55	6	1	...	...	1	...	...	...
55—65	3	...	...	...	2	1	...	...
65 and upwards...	1	...	...	...	...	...	...	...
	23	5	13	8	5	4	...	1
TOTALS	28		21		9		1	

SCABIES.

During the year 96 persons received 124 treatments. The prevalence of scabies appears to be steadily decreasing.

**BULL HILL
HOSPITAL.**

The following table gives particulars of cases admitted from Darwen and from other authorities:—

Disease.	No. of Cases in at 31/12/46	No. of Cases.		Deaths in Hospital	No. of Cases Remaining in at 31/12/47
		Admitted.	Discharged		
Darwen.					
Scarlet Fever .....	...	15	12	...	3
Diphtheria .....	...	1	1	...	...
Pneumonia .....	...	5	5	...	...
Puerperal pyrexia .....	...	1	1	...	...
Ophthalmia Neonatorum ..	...	3	3	...	...
Meningitis .....	...	1	1	1	...
Miscellaneous	1	13	14	...	...
Blackburn R.D.C.					
Scarlet Fever	1	12	13	...	...
Miscellaneous .....	...	2	2	...	...
Blackburn County Borough.					
Scarlet Fever .....	...	1	1	...	...
Miscellaneous .....	...	3	3	...	...
Church U.D.C.					
Scarlet Fever .....	...	1	1	...	...
Miscellaneous .....	...	2	2	...	...
Pneumonia (suspected poliomyelitis) .....	...	1	1	...	...
Clayton-le-Moors U.D.C.					
Miscellaneous .....	...	1	1	...	...
Acute hepatitis (suspected polio-encephalitis) .....	...	1	1	...	...
Clitheroe Borough.					
Miscellaneous .....	...	1	1	...	...
Clitheroe R.D.C.					
Scarlet Fever	1	...	1	...	...
Miscellaneous .....	...	1	1	...	...
Great Harwood U.D.C.					
Diphtheria .....	...	1	1	1	...
Oswaldtwistle U.D.C.					
Scarlet Fever .....	...	3	3	...	...
Meningitis .....	...	1	1	...	...
Turton U.D.C.					
Scarlet Fever .....	...	3	3	...	...
TOTALS	3	73	73	2	3

In addition to the Darwen cases shown in the table above, three cases of acute anterior poliomyelitis, and two suspected cases (later diagnosed as tonsillitis, and cellulitis of right leg respectively) were admitted to Monsall Hospital, Manchester, under agreement with the Manchester Corporation.

PART II.

Sanitary Circumstances of the Area
(including Public Cleansing)
Housing, and
Inspection and Supervision of Food

BY

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Sanitary Circumstances of the Area.

WATER.

Reservoirs.—Water is supplied on the constant system from the following reservoirs: Sunnyhurst Hey, Earnsdale and Bull Hill, of which the first two are open, and the last closed. All the water is from moorland gathering grounds. Water in the Bull Hill Reservoir is supplied from Bolton.

Purification.—All water is sandfiltered and chlorinated.

Supply.—The approximate number of dwelling houses supplied direct is 10,258.

There is no supply by standpipe, and there is no possibility of contamination in the vicinity of dwelling houses.

SAMPLING.

Chemical.—Five samples of water were submitted for analysis during the year. All were from public supplies and all were satisfactorily reported upon.

Bacteriological.—Nine samples of drinking water were submitted for bacteriological examination, eight from public supplies and one from a private supply. All were satisfactory.

Sources of doubtful or unsatisfactory water are kept under observation.

SEWERAGE, DRAINAGE AND CLOSET ACCOMMODA- TION.

The table below gives the closet accommodation in the Borough.

Pails	148
Water Closets	10063
Waste Water Closets	1917
Cesspools	1
TOTAL	12129

Conversions and Installations during 1947—

New Water Closets fixed	69
Premises with one New Closet fixed	48
Premises with more than one New Closet fixed ...	7
Waste Water Closets converted to Water Closets.	51
Latrine Closets converted to Water Closets	28
Pail Closets converted to Water Closets	0
Baths installed during the year	72
Urinals installed during the year	2
Waste Water Closets dismantled	2

Routine testing, inspection, repair and renewal of existing drains and sewers continued within the limits of availability of staff, material and labour.

It is hoped that closet conversions, on an increasing scale as labour and materials become available, will result in the total abolition of the 1,917 waste water closets.

RIVERS AND STREAMS.

A new length of sewer along the bed of the River Darwen was completed during the year making possible the conversion of pail closets at a large paper mill near the centre of the town. The drainage from a cotton mill adjacent (which previously discharged in the river) was also connected to the new sewer.

The river is seriously polluted by industrial waste effluents and in particular from the local Paper Mill. In addition there is a certain amount of material dumped in the river by children and careless householders.

The river is frequently inspected but it has not so far been possible, despite continual experimentation, to alleviate the nuisance from the paper mill effluent.

SANITARY INSPECTION OF THE AREA.

Number of houses visited	2012
Number of houses visited (Housing Consolidated Regulations, 1925 to 1932)	188
Number of inspections of Schools	25
Number of inspections of Factories and Workplaces	57
Number of inspections of Municipal Hostel	52
Number of inspections of Bakehouses	10
Number of inspections of Dairies and Cowsheds	54
Number of inspections of Refuse Tips	39
Complaints received and investigated	508
Number of re-inspections made	1193
Visits paid to houses (re cases of Infectious Diseases)	24
Number of rooms disinfected	62
Number of articles disinfected	212
Number of smoke observations taken	0
Number of drains, etc., tested	264
Total number of defects discovered	1959
Informal notices served	1959
Statutory notices served	46
Number of nuisances abated, including outstanding nuisances from previous year	887

LIST OF NUISANCES DISCOVERED.

Defective drains	136
Choked sewers	19
Defective soilpipes and water closets	38
Defective downspouts, easing troughs, roofs and external walls	430
Defective plastering	331
Dirty houses and premises	6
Dangerous buildings	36
Dirty and dilapidated closets	83

Accumulations of refuse	8
Defective or uneven gullies	24
Insanitary sinks	13
Defective fire ranges	34
Broken slop-pipes	23
Choked waste water closets	94
Defective tippers of waste water closets	16
Choked water closets	52
Insanitary yards	5
Defective internal floors	32
Insufficient ventilation	95
Burst water pipes	28
Defective wash boilers	8
Miscellaneous nuisances	448

SHOPS.

Routine inspections are made and special inspections as occasion requires, but shortage of staff has limited visitation far below the level considered necessary.

SMOKE ABATEMENT.

No official smoke observations were taken during the year, but advice and instruction to stokers on firing and use of fuel, to secure as far as possible the prevention of black or heavy smoking, were given.

DISINFESTATION.

During the year three houses were found to be infested with bedbugs and/or vermin, and of these three had been disinfested by the end of the year, gaseous fumigation and spraying being the methods employed.

SCHOOLS.

Arrangements are now nearing completion for the conversion of the latrine closets at Schools and it is hoped that by the end of 1948 they will all have been converted.

OFFENSIVE TRADES.

The following are established in the district:—Two tripe boilers, one fat extractor, and one fat melter.

MUNICIPAL HOSTEL.

This is the only common lodging house in the town and is municipally owned and managed. The average daily number of lodgers for the year was:—Males 90.77. Females 11.98.

FACTORIES.

Fifty-seven routine and special visits were paid to factories with and without mechanical power during the year for purposes of the provisions as to health. Defects found (chiefly in connection with sanitary conveniences) were notified to occupiers and by the end of the year were either completed or in hand. Shortage of staff and pressure of other work reduced routine visiting far below the level considered necessary.

As previously, the fullest co-operation was maintained between the Department and H.M. Inspector of Factories.

**CHIEF
SANITARY
REQUIREMENTS
OF THE
DISTRICT.**

The chief sanitary requirements of the district are:—

- The conversion of pail and waste water closets;
- The paving, culverting, embanking and, as far as possible, purification of the river;
- The clearance of derelict and neglected sites;
- The control of promiscuous tipping;
- The paving of back streets and unmade roads;
- The reduction of the number of private water supplies and the purification and protection of the remainder;
- The conversion of latrine closets at schools and factories.

PUBLIC CLEANSING.

The whole of this important sanitary service is under the control of the Public Health Department. It comprises the collection and disposal of household and trade refuse and the cleansing of streets.

VEHICLES.

The refuse collection and disposal service is now completely mechanised, the new tractor-drawn trailer tank for night-soil collection being now in use for one day per week.

**SNOW
REMOVAL AND
DEFROSTING
OF ROADS.**

The department is now wholly responsible for the above. Main and secondary roads, bus routes, and factory approach roads are priorities for treatment.

Two Bunce Snowploughs, one for use with the Tractor, one for a Bedford lorry have been improved and reconditioned for use with light or moderate snowdepths.

For heavy snow the County Council have stationed at Darwen for use here and in adjacent County Districts, a heavy Canadian Mack Lorry, and a heavy duty Cuthbertson Hydraulic Lift Plough, capable of dealing with deep-drifted snow. In addition the Department has purchased a heavy duty Single Blade Johnson Plough for use in deep snow in narrow roads. A spare Johnson High Wing V-Plough, formerly used by attachment to a Transport Depot Single-decker 'Bus is now held for use with our own vehicles.

**REFUSE
DISPOSAL.
SALVAGE.**

The system of controlled tipping continues to prove very successful. The Corporation-owned Bull Hill Tip is the only one now in use. It is situated near the Southern boundary of the Borough which makes the length of haul from the Northern half somewhat excessive. It is hoped to find a suitable tip-site nearer the centre of the town in order to lessen this.

The pre-separation of salvable material from household refuse is still conscientiously carried out by the bulk of householders.

The following is a summary of the materials sold during the year—

	Tons.	Cwts.
Clean Waste Papers	156	10 $\frac{3}{4}$
Ferrous Metals—Baled Tins	40	11 $\frac{1}{2}$
„ „ Unflattened Tins	0	0
„ „ Black Scrap	9	15
Non-Ferrous Metals	0	12
Textiles—Rags, Carpets	4	17 $\frac{3}{4}$
„ Boots and Shoes	0	0
Rubber	0	0
Waste Foods—Pigswill (after boiling)	230	10
„ „ Household Bones	0	10
Bottles and Jars	2	3 $\frac{1}{2}$
TOTAL	445	10$\frac{1}{2}$

The total value of the salvaged materials sold was £1,497.

SUMMARY.

The following is a summary of the work done during 1947. It should be noted that the weights given below are estimated.

	Tons.	Cwts.	Qrs.
House Refuse to Tip (4,002 loads)	6003	0	0
Market and Trade Refuse to Tip (257 loads)...	369	15	0
Receptacles Emptied (House Refuse)	3365	24	
Receptacles Emptied (Trade Refuse)	1753	9	
Excreta	103	Loads	
Excreta Pails Emptied	4740		
Sludge from Street Gullies	163	Loads	
Street Gullies Emptied	8596		
Sweepings: Bins from Street Orderly Trucks ...	8310		
Salt Distributed on Streets	215	Tons	
Grit Distributed on Streets	117	Tons	
Length of Streets Salted or Gritted	817	Miles	
Dust Bins added during the year.....	31		
Number of Portable Refuse Receptacles	11931		

HOUSING.

The table below gives particulars of action taken specifically under the provisions of the Housing Acts in contradistinction to action under the Public Health Acts.

STATISTICS.

Number of new houses erected during the year—

(a) Total (including numbers given separately under (b))	30
(i) By the local authority	30
(ii) By other local authorities	0
(iii) By other bodies or persons	0
(b) With State assistance under the Housing Acts—	
(i) By the local authority (included under (a) (i) above)	30
(ii) By other bodies (included under (a) (iii) above)	0
1. Inspection of dwelling-houses during the year—	
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	307
(b) Number of inspections made for the purpose... ..	848
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 to 1932	188
(b) Number of inspections made for the purpose	277
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	0
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	307
2. Remedy of defects during the year without service of formal notices—	
Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers	31

STATISTICS
(continued).

3. Action under statutory powers during the year—	
(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	23
(2) Number of dwelling-houses which were rendered fit after service of formal notices—	
(a) By owners	6
(b) By local authority in default of owners	10
(b) Proceedings under Public Health Acts—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	12
(2) Number of dwelling-houses in which defects were remedied after service of formal notices—	
(a) By owners	10
(b) By local authority in default of owners ...	2
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	0
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	0
(d) Proceedings under Section 12 of the Housing Act, 1936—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	0
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	0

STATISTICS
(continued).

4. Housing Act, 1936.—Part IV. Overcrowding—

(a) (i) Number of dwellings overcrowded at the end of the year	0
(ii) Number of families dwelling therein	0
(iii) Number of persons dwelling therein	0
(b) Number of new cases of overcrowding reported during the year	0
(c) (i) Number of cases of overcrowding relieved during the year	0
(ii) Number of persons concerned in such cases.....	0

OVERCROWDING.

There are no cases of gross overcrowding known to the Department. Instances are frequent however, where, in houses in which the number of occupants is well below "the permitted number," the distribution of the sexes for sleeping purposes is attended with great inconvenience and difficulty, e.g., in a four-roomed house (two living and two bedrooms) having a "permitted number" of 6 to 7½ persons, occupied by husband and wife with a son and a daughter each over ten years of age—a total of 4 persons. To overcome the difficulty (e.g., by using a living room as a bedroom), is, in most cases, to increase the inconvenience. Most people so situated are anxious to obtain houses with three bedrooms. This again might increase the number of new houses required in the future, especially if the law on the point is revised, as it is generally agreed it should be.

**GENERAL
OBSERVATIONS.**

The chief difficulties in action under Public Health and Housing have been the inescapable difficulties of shortage of labour, and inadequacy or inferiority of materials, but the position now begins to show some signs of improvement.

Inspection and Supervision of Food.

MILK SUPPLY.

There were 55 dairy farms on the register during the year, having a cattle population of approximately 750. Fifty-four visits of inspection were made.

SAMPLING.

Biological.—Sixteen samples of milk were submitted for guinea pig inoculation. All proved negative.

Bacteriological.—Twenty-seven samples were examined during the year, of which twenty were satisfactory and seven unsatisfactory. The unsatisfactory samples were mainly of pasteurised milks failing to comply with one or other of the prescribed tests. Steps were taken to ascertain and remedy the cause but consistently good results are not yet being obtained. Further action is being considered.

Chemical Analysis of Milk.—See tables on this page and page 48.

MEAT AND OTHER FOODS.

The Public Abattoir was closed in June, 1942, in pursuance of a Ministry of Food Scheme for further centralising slaughtering.

Butchers' and other food shops, stalls and vehicles, and premises used for the preparation of human food are regularly inspected, but shortage of staff reduces inspection below the level considered necessary.

The amount of food examined, certified unfit, and either destroyed or utilised after sterilisation for animal feeding stuffs, was as shown in the table on page 48.

No legal proceedings were necessary in respect of unsound food during the year.

There were no cases, or suspected cases, of food poisoning during the year.

The Local Authority by direction of the Minister is the Food and Drugs Authority for the Borough.

FOOD AND DRUGS SAMPLING.

Close co-operation is maintained with the Public Analyst whose advice and help are always available and much valued.

The quality of the food sold in the district is generally good.

SAMPLES REPORTED GENUINE.

No. of Samples.	Description.	Formal.	Informal.
43	Milk.	43	—

SAMPLES REPORTED NOT GENUINE.

Cons. No.	No. of Samples.	Description.	Formal.	Informal.	Result.	Action taken.
1	1	Milk	x	—	Deficient 11.6% milk solids other than f a t. Contained 8.7% extraneous water.	Vendor prosecuted and fined 40/- and £5/2/2 costs.
2	1	Milk	x	—	Deficient 1.6% fat.	Follow up samples genuine.
3	1	Milk	x	—	Deficient 8% milk solids other than f a t. Contained 2.6% extraneous water.	Comparative sample taken from same milking as sample No. 1 at farmer's request.
4	1	Milk	x	—	Deficient 15% fat.	Advice to Vendor. Follow up samples genuine.
5	1	Milk	x	—	Deficient 8.3% milk solids other than f a t. Contained 9.7% extraneous water.	Vendor prosecuted and fined 40/- and £3/13/6 costs.

**TABLE SHOWING AMOUNT AND NATURE OF FOOD
CONDEMNED DURING 1947.**

Amount.	Nature of Food.	Amount.	Nature of Food.	Amount.	Nature of Food.
1230 tins	Canned Meats and Meals	4 tins	Ground Ginger	lbs. ozs.	
571 tins	Soups	2 tins	Sausages	826 0	Skate
40 tins	Fruit	1 tin	Bacon	63 0	Soyaggetti
435 tins	Milk	1 tin	Soyacream	48 0	Dates
208 tins	Vegetables	1 tin	Barlova	39 0	Forequarter Beef
131 tins	Fish	26 tins		22 4	Butter
1206 tins	Tomatoes	and jars	Jam	14 0	Dried Egg Powder
1451 tins	Puddings	6 tins			
569 tins	Spaghetti or Macaroni	and jars	Marmalade	10 0	Bacon
		1 jar	Lemon Cheese	6 0	Sausages
		1 jar	Marmite		
107 tins	Beans	710 cases	Pickles		
16 tins	Peas	28 pkts.	Cup Chocolate		
11 tins	Beetroot				

**RATS AND
MICE
DESTRUCTION.**

Investigation and disinfection proceeded steadily throughout the year, and it has become increasingly obvious that the initial survey and co-ordinated treatments, and especially the comprehensive and radical treatment of the sewers, have reduced to a very low level the degree of infestation in the town. This has been maintained now for two years, and it is expected that regular resurvey, sewer maintenance treatment and block control, will keep it there.

The following table gives a summary of the work done throughout the year—

No. of premises inspected.	No. of premises found infested.	No. of treatments carried out.	Estimated kill of rats.	Cumulative total of rats killed since inception of service.
	Killed prior to January, 1947.			
308	22	28	257	9,447 9,704

**SEWER
TREATMENTS.**

Date.	No. of manholes treated	Estimated kill.
June	80	71
October	78	31

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